To. Florida Department of State Division of 2/2/2018	C Page 1 of 4 2018-02-05 20.10.53 (GM) Division of Corporatio	-	3053971399 From Sean Sylvester
	Florida Department Diratom conveati Diratom conveati	of Stree	715
	nt this page and use it as a cover s below) on the top and bottom of all		
	(((H18000040223 3)	)))	
	H180000402233ABCU	Similar in the second s	
Note: DO NOT	hit the REFRESH/RELOAD button Doing so will generate another of		n this page.
Fax From: Acco Acco Phor Fax **Enter the er	Number : (305)397-1399 mail address for this business en eport mailings. Enter only one en Science (1990) (1990) (1990)	mail address please	
* <u>************************************</u>	FLORIDA LIMITED LIAB Anything Everything No		
ン (j) - 注: - 注:	Certificate of Status Certified Copy age Count stimated Charge	0 0 01 \$125.00	
Electronic Filing	Menu Corporate Filing Me	nu He	lp 573 0 5 2018
https://efile.aunbiz.org/scnpts/efilcovr.exe			∽ Brumbley 1/1

To: Florida Department of State Division of C	Page 2 of 4 2018-02-05 20:10.53 (GMT)
4	
· ·	

13053971399 From: Sean Sylvester H 140000402233

:							
	. <u>.</u>	COVER LET	TER			,	
	ew Filing Section ivision of Corporations					,	
611 <b>0</b> 10.00	Anything Everything Now LLC						
SUBJECT	Name of	Limited Liabi	lity Company				
The enclos	ed Articles of Organization and fee(s	) are submitte	d for filing.			```.	
Please retu	en all correspondence concerning this	s matter to the	following:				
	Antonio Nuñez					•	
		Name o	f Person	<u>-</u>	<u> </u>		
	Anything Everything Now LLC					·	
		Firm/C	ompany	<u> </u>	- <u></u>		
	9830 SW 74th ST						<i>.</i>
		Add	1022	· · · ·			
	Miami, FL 33173						·
		City/State a	nd Zip Code			• .	•
-	TonyNuner25@ginail.com E-mail address: (to be u	used for future	annual report politicati		<u> </u>		
For further i	nformation concerning this matter, pl			~~~~		· · .	
	Sean Sylvester	786	924-1652				
	at Name of Person	•	_) Daytime Telephone	Number	-	:	
							· · · ·
	s a check for the following amount: iling Fee  S130.00 Filing Fee & Certificate of Status	Certi	00 Filing Fee & ferl Copy aal copy is enclosed}	S160.00 Fi Certificate Certified C (additional co	of Status & . opy	તો) .	· .
· · ·	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallnhassee, FL 32314		Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle	· · ·	· · · ·	
• • •			• • •	••	+ (+	· ,	
· · ·					· .	• • •	
			•	118000	04022	-33	

To: Florida Department of State Division of C Page 3 of 4 2018-02-05 20:10.53 (GMT)

13053971399 From: Sean Sylvester

## H180000402233

## ARTICLESOF ORGANIZATIONFORFLORIDA LIMITED LIABILITYCOMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Anything Everything Now LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>P</u> 1	rincipal Office Address:		<u>Mailing Ad</u>	dress:		
9830 SW 74th Miami, FL 331			) SW 74th ST mi, FL 33173			
(The Limited Liability Cor another business entity wi	npany cannot serve as its ow th an active Florida registrat	nt, Registered Office, & Registered Agent's Signature: cannot serve as its own Registered Agent. You must designate an cuve Florida registration.) iddress of the registered agent are:			18 FEB -4, P	
	Tax-Executives LL	.C			ř	Ö
		Name		وتري نشيم 1 وتاريخ	<del></del>	
	9703 S Dixie Hwy	Suite 106		No. 1	 ເມ ເມ	
	Florida street addr	ess (P.O. Box <u>NOT</u> a	cceptable)	5	<b>W</b>	
	Miami	FL	33156			
	City	State	Zip			
			-			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as vegisteved agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H180000402233

To: Florida Department of State Division of C Page 4 of 4 2018-02-05 20:10:53 (GMT)

· · ·

۰.

13053971399 From Sean Sylvester

•

•

H180000402233

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

					•	
Title:		Name and Address:	•			•
"AMBR" = Auth				•		
"MGR" = Manaj	Yer	Antonio Nudez				
MGR						
		9830 SW 74 ST			• .	
		Miami, FL 33173			-	
					•	
· · · · · · · · · · · · · · · · ·						
a		·			•	
			······	<u> </u>		
				<del></del>		
		·			•	
<u></u>	····				•	
					•	
(Use attachment	if necessary)			•	• •	· .
LE V: Effective d	ate, if other than the date	of filing:	(OPTIONAI	.)		
	date on the Department (	neet the applicable statutory filing require of State's records.	ments, this date y	will not I	be listed as	• •
ument's effective	date on the Department (		ments, this date y			
ument's effective	date on the Department (		ments, this date y	will not		• • • •
ument's effective LE VI: Other prov	date on the Department or risions, if any.		ments, this date y	w111 not 1	be hsted a:	• • • •
ument's effective	date on the Department of risions, if any.	of State's records.	ments, this date y			• • • • •
ument's effective LE VI: Other prov	date on the Department risions, if any. GNATURE: Altow10	NUNEZ			De hsted a:	· · · · · · · · · · · · · · · · · · ·
ument's effective LE VI: Other prov REQUIRED SI	date on the Department risions, if any. GNATURE: <u>Atowio</u> Signature of a me	of State's records. <u>NUNEZ</u> ember or an authorized representative of	of a member.		De hsted a:	- - - - - - - - - - - - - - - - - - -
ument's effective LE VI: Other prov REQUIRED SI	date on the Department risions, if any. GNATURE: <u>Atowio</u> Signature of a me This document is execut	of State's records. <u>NUNEZ</u> ember or an authorized representative of ted in accordance with section 605.0203 (	of a member. 1) (b), Florida St		De hsted a:	· · · · · · · · · · · · · · · · · · ·
ument's effective LE VI: Other prov REQUIRED SI	date on the Department of risions, if any. GNATURE: <u>Atomio</u> Signature of a me This document is execut I am aware that any false	of State's records. <u>Nunvez</u> ember or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to the content of the section for t	of a member. 1) (b), Florida St the Department o		De hsted a:	· · · · · · · · · · · · · · · · · · ·
ument's effective LE VI: Other prov REQUIRED SI	date on the Department of risions, if any. GNATURE: <u>Atomio</u> Signature of a me This document is execut I am aware that any false	of State's records. <u>NUNEZ</u> ember or an authorized representative of ted in accordance with section 605.0203 (	of a member. 1) (b), Florida St the Department o		De hsted a:	· · · · · · · · · · · · · · · · · · ·
ument's effective LE VI: Other prov REQUIRED SI	date on the Department risions, if any. GNATURE: Alowio Signature of a me This document is execut I am aware that any false constitutes a third degree	of State's records. <u>Nunvez</u> ember or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to the content of the section for t	of a member. 1) (b), Florida St the Department o			· · · · · · · · · · · · · · · · · · ·
ument's effective LE VI: Other prov REQUIRED SI	date on the Department of risions, if any. GNATURE: <u>Atomio</u> Signature of a me This document is execut I am aware that any false	of State's records. <u>Nuvez</u> ember or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to c felony as provided for in s.S17.155, F.S.	of a member. 1) (b), Florida St the Department o			
ument's effective LE VI: Other prov REQUIRED SI	date on the Department risions, if any. GNATURE: Alowio Signature of a me This document is execut I am aware that any false constitutes a third degree	of State's records. <u>Nunvez</u> ember or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to the content of the section for t	of a member. 1) (b), Florida St the Department o			
ument's effective LE VI: Other prov REQUIRED SI	date on the Department risions, if any. GNATURE: Alowio Signature of a me This document is execut I am aware that any false constitutes a third degree	MUNEZ mber or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to te felony as provided for in s.S17.155, F.S. Typed or printed name of signee	of a member. 1) (b), Florida St the Department o			
ument's effective LE VI: Other prov REQUIRED SI	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz	of State's records. <u>NUNEZ</u> ember or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to te felony as provided for in s.S17.155, F.S. Typed or printed name of signee <u>Filing Fees:</u>	of a member. 1) (b), Florida St the Department o			
ument's effective LE VI: Other prov REQUIRED SI	date on the Department of risions, if any. GNATURE: Algoritare of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuñez g Fee for Articles of Or	MUNEZ mber or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to te felony as provided for in s.S17.155, F.S. Typed or printed name of signee	of a member. 1) (b), Florida St the Department o			
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	of State's records.	of a member. 1) (b), Florida St the Department o			
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Algoritare of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuñez g Fee for Articles of Or	of State's records.	of a member. 1) (b), Florida St the Department o			
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	of State's records.	of a member. 1) (b), Florida St the Department o			
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	of State's records.	of a member. 1) (b), Florida St the Department o			
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	of State's records.	of a member. 1) (b), Florida St the Department o			
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	of State's records.	of a member. 1) (b), Florida St the Department o			
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	of State's records.	of a member. 1) (b), Florida St the Department o			
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	of State's records.	of a member. 1) (b), Florida St the Department o			
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	MUNCZ mber or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to c felony as provided for in s.S17.155, F.S. Typed or printed name of signee <u>Filling Fees:</u> ganization and Designation of Registered nal)	of a member. 1) (b), Florida St the Department o	alutes, f State		
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	MUNCZ mber or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to c felony as provided for in s.S17.155, F.S. Typed or printed name of signee <u>Filling Fees:</u> ganization and Designation of Registered nal)	of a member. 1) (b), Florida St the Department o	alutes, f State		
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	MUNCZ mber or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to c felony as provided for in s.S17.155, F.S. Typed or printed name of signee <u>Filling Fees:</u> ganization and Designation of Registered nal)	of a member. 1) (b), Florida St the Department o	alutes, f State		
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	MUNCZ mber or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to c felony as provided for in s.S17.155, F.S. Typed or printed name of signee <u>Filling Fees:</u> ganization and Designation of Registered nal)	of a member. 1) (b), Florida St the Department o	alutes, f State		
Ument's effective LE VI: Other prov REQUIRED SI SI 25.00 Filing S 30.00 Certi	date on the Department of risions, if any. GNATURE: Abowl 0 Signature of a me This document is execut I am aware that any false constitutes a third degree Antonio Nuficz. g Fee for Articles of Or fied Copy (Optional)	MUNCZ mber or an authorized representative of ted in accordance with section 605.0203 ( e information submitted in a document to c felony as provided for in s.S17.155, F.S. Typed or printed name of signee <u>Filling Fees:</u> ganization and Designation of Registered nal)	of a member. 1) (b), Florida St the Department o	alutes, f State		